THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIII. WEDNESDAY, NOVEMBER 26, 1845. No. 17.

DR. CHANNING'S INTRODUCTORY LECTURE.

[Continued from page 317.]

THERE is a moral quality of the profession to which I will for a moment allude. I mean its *Cheerfulness*. Physicians are cheerful men. How explained? The moral faculties are constantly in healthful activity, and the same is true of the mental. A physician is not using his mind directly, and constantly, in open competition with his brethren, as is the merchant. He is not in the market, and bringing into hourly use that sagacity which shall result in the best bargain. He is not as the lawyer daily confronting others, and in the stern conflict of great argument laboring for his client, and most effectually doing so by the temporary destruction of those opposed to him, and the certain and continued destruction of their client. The medical profession is indeed a warfare. It daily fights a great battle. But it does not contend for moral or intellectual victory. There is no money at stake. The physician's greatest success may bring with it the least pecuniary reward. His success has no necessary relation with money, or with fame. Suffering, exquisite pain, is in his path, and it is his office to remove it. Death is before him, and it is his mission to avert it. He sees life in all its aspects, its darkest and its brightest. Here is kindness which never faileth. It sits by that bedside by night, and by day, and with an angel's spirit ministers to that agonized frame which tosses there. Here is equal suffering, a deeper misery, and the tender mercies of those who minister to it, are only cruel. The profession is in the public and private confidence after a manner in which no other one can be. Delinquency in all its forms declares itself to the physician with "miraculous organs." Now how active is that soul which has its life in such duties. How healthful is that activity which has for its great occasion the removal of moral and physical disease and misery. How cheerful must be that mind which has such duties, and which are performed with an undying faith in their own success. And success is their result. Recovery from disease is the rule everywhere. Death is the exception. The student of medicine enters upon this professional life because of the truth of these propositions. He lives in, and for, their verification. The profession is cheerful because it is healthful. Its longevity does not equal that of some other modes of life, but it is still great. Its health is the direct product of its physical exertion, its exercise. No matter how irregular be the physician's habits. He may

hardly have time for eating, and none for sleeping. He may be exposed to all extremes of temperature, be drowned with the rain, or choked with the dust. There he is abroad, facing the whole brunt of it, and his escape from what such exposure might bring to other men, is the consequence of the fearlessness of his life, of habit, of cheerful submission to the contingent, nay, the inevitable. Physicians are often asked, when the most malignant epidemics exist, and they are in the very midst and pressure of them night and day—physicians are asked how they escape in the general death? Is it not because of the fearless, firm, nay cheerful minds and hearts which they carry with them into the sick man's chamber; and because they go there on the highest mission which is given to man? Is it not to the physical and moral health, which the whole preparation for the profession, and its whole duties bring with them, that the alleged exemption may be ascribed? Men have fled from the field of danger. Physicians fled from the Asiatic cholera, that dreadful disease, which Magendie said began with death. But such men wore the professional armor lightly. They had not its spirit. They quailed before the enemy. They were not of us. They might have died, had they not fled. Is not the physician cheerful, too, because he is a temperate man, finding his pleasurable excitement in permanent stimulants, a good conscience and a noble work? Is he not cheerful, because he is not a speculator, in the business use of the word, and has no fear of a fall in the funds, or in prices? Is he not cheerful because he has too much occupation with the depressed and the morbid in others, to give much time or thought to what he might hunt up in himself?

However it may be in regard to this quality of cheerfulness in the profession, do not let it be for a moment imagined by the student that medicine is without its trials and its sacrifices. It has both. Its confidence brings with it pain as often as pleasure. Human nature is revealed to the physician in and by sickness, in its weakness as well as in its strength. The heart here discovers its bitterness as well as its joy, the mind its weakness as well as its strength. Delinquency, the gravest moral delinquency is among the revelations of medicine. At times they are the conditions, the sole conditions, of a true treatment of disease. But let me say here, that whatever our profession discovers to us of the kind referred to, it comes to us as a *medical* fact which is never to be disclosed. Except for the defence of justice, in a court of law, never let the student suppose for a moment that what he is to be professionally made acquainted with, is to be uttered by him, however confidential he may design his disclosures to be. He is with his patient, and before the public, a physician only. His mission is to treat disease, and to know what disease is, he must be in possession of all its causes. This is the limit of his professional relations, and let him, as he loves justice, honor, and a true fame, never, never in thought even, pass beyond it. The limitations of our responsibleness, if such we have, will be considered in that part of my lectures on Medical Jurisprudence which includes medical ethics.

But the confidence of medicine does not contain all the trials of

the physician. His profession is a life. It has not term time and vacation, alternating in fixed order, as has the Law. It is not with it as with the mercantile life, "spring business, and fall business." And it has not the privilege of the clerical calling. "The Sunday dawns no sabbath day" to the physician. He is a minute man in every sense of the word. "Be good enough," said one to me one day, "just to sleep with one eye open, we shall want you soon, and you know there will then be no time to lose." "The doctor says he cannot come!" exclaims another, "he is eating dinner! What business has a physician with dinner! Send for somebody else." "Confound that bell!" exclaimed a friend one day, "I believe it has at last learnt to ring of its own accord, and sets to always just as I get home!" Matthew Baillie, physician extraordinary to the King, and author of the Morbid Anatomy, had at the close of a most disagreeable winter's day, got home from an unusually fatiguing day's work, and was in the comfortable process of warming himself before a most genial fire, preparatory to his dinner. The London dinner hour was then six. Everything went well, and the doctor had experience of one of the pleasures of the profession, complete rest and true comfort after hard work. It was a "fearful joy," for in the midst and pressure of it, the street door bell rang, and the servant entered, saying, in his wonted quiet way, that Mr. Somebody, residing in a distant and obscure street, wished the doctor to visit him immediately. The very manner of giving the message seemed offensive. "Tell him I won't," was the answer of Baillie. The servant shut the door gently, and was slowly on the way to give the answer. He had gone but a step, when the bell-rope was in the doctor's hand—it was pulled "with a will," I assure you, and the servant retraced his steps. Dr. Baillie met him at the door. "Tell John to put the horses to, and drive the carriage round." Now I know not how Dr. Baillie became king's physician, and there may be differences of opinion touching the value of the Morbid Anatomy, but there can be but one opinion held of his character, as illustrated by this anecdote. We feel that he was a man, a noble, a great man, and instinctively pay to him the homage of our "large honor," and love the profession which by its stern discipline, its daily trials, made such a man. Now Baillie had known the trials referred to, in their diverse forms. Allied to the Hunters, and to Sir Everard Home as he was, and having an excellent mind, and that faithfully cultivated, it was not till he was between 40 and 50 that a just estimate of him had been made. His business was small till after that time. But you see the heart-sickness of hope deferred, if he ever felt it, had not soured him. He did not come into full practice, public, nay regal confidence, bringing with him a cherished sentiment of ill-will toward society, or a soured temper, out of that earlier neglect. No. He came with his moral and intellectual natures not in antagonism, but in perfect harmony. The physical might in its weariness and weakness disturb the balance, as in that answer to the poor man's messenger. But it was only for a moment. And with what exalted dignity, with what celestial brightness, may I not say? did the man, the divine in him, in a moment declare itself! It were easy to cite instances of a like conquest

of the profession where there were many circumstances to produce very different results. I have preferred to find an illustration of one form of sacrifice which it demands, in a fact out of a distinguished and great life.

But trials and sacrifices are not only or principally physical in their nature, as are those just hinted at. The mind and the heart, too, have now and then stern demands made upon them, and which they are forced to meet.

A topic remains, which I approach with misgiving, but which has too near a bearing on our subject to be passed by without notice. I refer to the present state of the profession in regard to the public estimation of it. By some this is not thought to be what it once was. We are told that the ancient reverence in which medicine was held, is decayed, and that the public confidence in it is lessened. Whence this opinion? What are its causes? If it be in the position of the profession at the present day, that the altered sentiment has place, what has produced the state?

The causes may be general, and special. In the first, we find the time in which we live. It is an age of thought, of speculation, of dissatisfaction with the present, of change. It is an age of reform, a word unmusical to many ears. The power of mere, naked authority, quails in such an age, to the demand made on all sides that it make clear its claim to respect, to defend itself against the aspiration, the hope for better things. The past is summoned, is made to take its place by the side of the present, and to show cause why its authority may not be questioned, and abrogated. We may see the illustration and proof of the ground here taken, in the diminished authority of the church, as declared by the failing power of creeds over the general mind. It is very striking in legislation, as showed in the altered and milder character of law. A professional proof of this may be found in the view taken of Sir James Graham's "Medical Bill," which has been so long so burdensome to the British Parliament, and which proposes to increase the penalties for irregular practice, and to give back to medicine its old authority in the state, by the power of law. One of the most conservative Journals in Great Britain, the London Quarterly Review, open before me, has a sentence which is conclusive concerning this matter of increasing penalties against irregular medical practice. It occurs in a review of Sir James Graham's Bill. "It is needless to discuss the question whether the legislature ought to interfere on such occasions, when it must be plain to every one that it is impossible for them to do so, and that the most stringent statute having this object in view would be from the beginning a mere dead letter. Napoleon's Berlin and Milan decrees could not prevent English manufactures from finding their way to the Continent; and the instinct which leads us to struggle for the preservation of life is a more powerful agent than the desire to have the best calico and cutlery." Lond. Quar. Rev.

A society in London, deeply interested in the suppression of the slave trade, has recently petitioned Parliament to have the naval force withdrawn from the African coast, as it has been ascertained that its presence increases the dexterity and vigilance of the slaver, and adds more power and success to the piracy.

Within a very few years the Medical Society of this State surrendered the law which in intended kindness to the profession gave to its members exclusive power to collect its debts for professional services. In these and similar facts which distinguish the age, I look for some of the causes which, as has been alleged, may have diminished the public authority of medicine. But others have acted more directly. The effort has of late been to make medicine popular, to unfold its mysteries, and unconsciously to make every man, woman, and child too, his, her, or its own doctor. In this work, medical men, educated physicians, have entered as freely almost as has the more interested quack. And how? Look at the popular education. The schools are filled with books on anatomy, physiology, hygiene, physical education, chemistry, botany, and what not, prepared with great care to teach these several branches of medicine. We have popular lecturers, men and women, who give regular courses on anatomy, and physiology, and means of preserving health. Yes, we have it advertised in large letters, on large bills, that Dr. —— will lecture on such evenings to *men alone* on matters which it behoves them to be anatomically, physiologically, and pathologically informed about—and on such evenings to *women alone* on kindred matters of interest to them. The female lecturers judiciously confine themselves to the peculiarities of their own sex.

Now look about fifty years back. See how these matters then stood. We had indeed Willich and Buchan, but they were not then parlor books. We had anatomical lectures in the medical colleges, but we did not make anatomy a tea-table topic. To wear a false tooth was made a question of morality, since it was considered a mode of obtaining goods under false pretences. And dyspepsia was eschewed from the common talk, as it involved particulars which might not be discussed to ears polite. Now teeth are talked about, as is the weather. Dentists have ther friends, almost their parties. Men have bowels, loose, or costive, and women have *spines of the back*. Is it at all to be wondered at that medicine, whose mysteries were once so sacred as to dwell in temples, whose words were oracles, and whose deeds were of the gods, and which at a later date was so far removed from the public stare—is it to be wondered at that medicine should have lost something of its earlier veneration, now that it is taught in the nursery, and lies so naked upon the very surface of society? If there be truth in all this, what is the duty of the student in regard to it? His duty here, as in regard to the whole profession, is to make perfect preparation for what he will be called on to do; and in regard to the public, always to labor for its highest present good, and to secure to the utmost of his power what good he may now do, to both his profession, and to the public, for all succeeding times. Never let him condescend to minister to a depraved public taste; but ever seek the true dignity of his calling by contributing to its certain advancement.

Other causes have wrought to a like end with those named, and they deserve more special notice.

First, the popular literature of the profession. What is this? It consists in works on the diseases of children, of females, of mothers, on

the management of consumption, syphilis, &c. They are written by physicians, have glossaries for explaining medical terms, descriptions or definitions of diseases, with recipes in English to suit. These works profess to be addressed to the profession as well as to the public. To the former they are utterly useless if the profession be duly educated. To the latter they must be worse than useless, seeing that the public in this regard, and for such purpose, is not educated at all. These works are designed to show what should be done in slight diseases, or in the beginnings of the graver, and which beginnings are for the most part, as the physician knows, but the incipient movements of the gravest. And to whom are they to show this? To mothers, and nursery maids, since the man of the house has nothing to do with this domestic literature, unless to take a prescription now and then from the powers above stairs. In other words, these popular works suppose that the persons referred to understand the distinction between diseases, the ***diagnosis***; and the disease given, they have only to turn to the treatment. Nothing to my mind is more absurd and injurious than all this. The physician is to be sent for if things grow worse. The parties do not commonly know if this be the case; and if they do, they will not probably send for the physician till his office is useless, or if not, not until the case has become so complicated by what has been done, that it is by no means easy to say what may be safely done next.

I would not exaggerate the trouble or the harm produced by the books in question. I think it unworthy the profession, and unjust to the public, to scatter in its paths books which cannot be understood by it, and which in place of producing knowledge, is only giving injurious activity to ignorance. There is less to my mind to complain of in the veriest works of the most unprincipled quackery, than in these which come from the regular faculty. They often place it below the most unqualified empiricism. What can be more annoying than to be met at the chamber door of a patient by a friend, a female friend, with book in hand, welcoming us by reading the history of the disease, and then telling us of remedies and results, adding that calomel and bleeding were now necessary, but she really was unwilling to meddle with mineral poisons, or with edged tools. He who may ***consult*** with such a practitioner violates a law of the Medical Society of this State, and exposes himself to its severest penalties.

Turn now from these popular lights, and very popular medical guides, to another portion of popular medical history, that we may know more of the causes which may have affected the good name of medicine, or given rise to the opinion under consideration. I refer to the daily forthcoming new doctrines of disease, and the no less new methods for their treatment. Why do men, and women, and children, die now-a-days? The hydropathist tells you the physician kills them. The homœopathist, that it is allopathy which daily slays its thousands. The mesmeric seer ascribes the bill of mortality to neglect of mesmeric medicines—and the Anglo-Saxon *medicine-man*, with his white skin, says faith only is wanted in the Great Spirit. The world is full of sure means of an earthly immortality, and still men die. I refer here to a portion of the medical

history of the day, and if measured by numbers, an important one. These are among the modern contrivances by which men seek to live themselves, and to make live others. And who sustain them in their Legion numbers? I answer, men for whose judgment, in other matters, we have respect. They have advocates, women as well as men, of rank, of wealth, and of talent. I remember when there was a little secresy in this matter. But none exists now; and men and their large connections, give in their allegiance to some new system. They have for it the strong attachments which deserters from the old, and advocates for the new, generally have. They are jealous for their system, and the regular should be cautious lest in questioning their faith, he spring a mine which may bury himself. Elliotson, so widely known for his writings, a professor in the London University, and a hospital physician of established character—Elliotson sacrificed both, and more, to his conversion to mesmerism. It was nothing to prove to him that his *mesmeric* subjects had wholly cheated him, that they were utterly abandoned in character, and so wholly unworthy his confidence. He kept the faith. How easy were it to furnish here illustrations of the power of hydropathy and of homœopathy over minds which in regard to other subjects claim our respect, and from whom we cannot withhold it.

How have these things diminished public confidence in the profession?

First, by withdrawing from it the active patronage of men whose favor was to be desired. This, however, I regard as the least of the agencies which have injuriously reached our profession. I think indirect influences have done much more. Among these I rank the manner in which new doctrines have been met by medical men, and especially that in which it has been proposed to treat their professional advocates. I have already referred to what is now attempted to be done in England by the Medical Bill before Parliament. It is proposed in that Bill to prevent irregular practice by law. The same has been recently done in some States at home. And what I think still more injudicious, physicians have been expelled from medical societies because they have adopted some of the new methods of practice. The followers of Hahnemann have in some cases been so treated. I have no sympathy with this doctrine; and still I would not deny professional fellowship to those who have such sympathy, who for years have stood with respect in the medical ranks, and who have left them for what they believe either better for themselves, or for the public, or for both. I am free to say, however, that I think that he who has made a copartnership of the old system with the new, and who leaves it with sick men, women or children, to determine by which mode to be treated, has done that which demands the utter neglect, if not the contempt, of the profession.

And how have these new doctrines affected the profession through those who remain faithful to it? The opposition which they encounter increases the interest of their friends in their defence. They consider it an interference with their right of judgment in matters which most nearly concern themselves. The early professional teaching of the public above referred to, the professional class, and other popular books,

have made them judges, and they will use their knowledge. The new method is so simple that a child may understand it. And the medicines in some cases are so minute in dose that they can do no harm. Their virtue consists in the character of their agency, this being as little felt by the sick, as by the drugs themselves. The domain of the transcendental belongs to the new doctrine, and he who has adopted it, has been, by that act, made free of that limitless republic. What now can professional opposition to all this do but strengthen its power? It brings itself into comparison with it, and where the public interest enters into the judgment, it is not difficult to see to which side it will turn.

A question arises, should not the profession examine pretensions which are at all sanctioned by the time through which they have lived, or by the numbers and characters of those who have supported or do support them? Is it not due to the public, that those who have long had its entire confidence should so far guard its most important interests as to give time and thought, deep thought, to that which threatens to disturb it? May there not be some truth in the new? Is it wise to believe, and practically to say, that there is nothing more to learn concerning medicine? Has any one of the new methods been examined on its merits? Has it not been treated on its earliest promulgation, with contempt, as having no merits at all?

There is another fact in the history of irregular practice, quackery so called, with which the student should early be acquainted, as explaining or accounting for some of its power. It has been frequently resorted to when the regular practice has withdrawn itself, or declared that it could do no more. And what is true in some such cases of irregular practice, the so judged incurable have sometimes recovered. The expediency of an unqualified prognosis has been questioned. Said a distinguished medical lecturer once, "When I am asked, in seemingly desperate cases, what my opinion concerning results is, I answer that I have seen people apparently worse, recover; and those who seemed less ill, die." He never forsook the sick nor dying. Laennec and others had not given then their cases of recovery from consumption, but he sought even to cure consumption. This medical faith in that professor secured to him the confidence of the sick, and so all that the mind can do towards cure was on his side.

I have met with a passage in a work, out of the profession indeed, but which bears so directly on our subject, that I am induced to transcribe it here. It is of great value to the student.

"We have no inclination, and certainly we have no inducement, to under-estimate the importance and usefulness of the medical profession. We know that through its agency life is prolonged, bodily sufferings are mitigated, mental anxieties are removed, and that the benefits which it confers are not confined to the individuals principally concerned, but that they often extend to whole families who are dependent on them for their wordlly prosperity and happiness. We know that there is scarcely one hour in the day in which a judicious and well-informed practitioner may not say with a safe conscience, 'I have done good to somebody.' Still the medical profession cannot do all that is expected or required. Sooner

or later, and with every one among us, the time arrives when the best medical aid, as it regards the preservation of life, is good for nothing. It is true that, even under these circumstances, it may often diminish pain, or alleviate such bodily distress as is not improbable worse than pain: but not unfrequently even these objects are unattainable; and the most skilful and experienced person standing by the patient's bedside feels that his wand is broken, and that he has nothing left to offer but his sympathy and commiseration. But the desire of life is not necessarily extinguished even in the hour of death; or if it be so with the patient himself, it may still linger with his family and friends. When the art of the regular practitioner can do more, are we to be surprised that the promises of others should not be wholly disregarded? and that even the miserable chance afforded by the impostors of the day should be looked at with something like hope when no other chance is left? It may be said that to catch at such a straw as this can only end in disappointment; but the reflection that any plan, however in itself absurd, has not been tried, may cause disappointment also." London Quart. Review.

[To be concluded next week.]

DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Concluded from page 322.]

Otitis is an annoying but frequent occurrence as one of the sequelæ of scarlatina. I have treated probably forty cases of this within the last two or three years. The cause is an extension of diseased action along the Eustachian tube, but the glandular structure of the meatus externus and canal becomes involved before perforation of the membrana tympani takes place, for this last event frequently does not happen for months and even years. The discharge, which is extremely offensive, is probably only a morbid secretion from the glandular tissue, and the surface of the memb. tympani. The patient almost always complains of more or less pain in the ear previous to the appearance of the discharge. If taken at this time, much may be done to alleviate the patient's future condition, or perhaps entirely ward off the impending evil. When the system will permit, a few leeches should be applied to the mastoid process. It is true, most of these cases are very sick at the time of the first appearance of these symptoms, and they are apt to be passed over as of little comparative value, yet at any other time they would command much attention, and the sense of hearing is too frequently involved in the question to permit a careless examination or inefficient treatment. Leeches, then, should be first applied, if there is nothing to contra-indicate; then warm oil should be dropped into the ear, a little cotton placed on this, and over all a poultice enclosed in muslin. This will not unfrequently put a stop to the difficulty at once, or so modify it, that the after treatment is much more successful. Blisters I do not recommend, as I have before stated, having seen very unpleasant results follow their use. Most of the cases treated by me have been chronic, and the patients of others, and the

treatment has been to syringe out the ear with warm soft water every morning, then to drop in a little of the solution of sugar of lead, in the proportion of two or three grains to ʒ j. aq. dist. This must be accompanied with pustulation behind the ears with ung. tart. ant. or ol. crot. tig., ʒ j., to ol. cajeput, ʒ jss. More rebellious cases may be touched with a brush dipped in a solution of argent. nit., gr. x. to ʒ j. aq. This is the treatment advised by Kramer, and Mr. Wilde, of Dublin, and has been found extremely successful by myself when it has been faithfully persevered in; as it sometimes requires several months.

Dropsy is another interesting sequel of scarlatina. Elliotson thinks it is always preceded by exposure to cold, while the skin is in a state to be easily acted upon by change of temperature. Dr. Stark, of Edinburgh, thinks that there is an increased vascular action in the cutaneous system, to supply the loss of cuticle, but from want of tone in the larger vessels, the surface of the body is easily chilled, congestions take place, particularly of the kidneys, from which dropsy results. Dissections occasionally seem to favor this interpretation, but Graves found the kidneys once perfectly free from disease, and it is to be observed that dropsy occurs generally in cases where the attack has been *slight*, not in those where it has been most severe. It appears to me that the effusion results from the same cause as that which produces it after exposure, a form called inflammatory or rheumatic dropsy; particularly as rheumatism is a frequent result of scarlet fever. Some of the viscera are almost always involved, more particularly the liver and lungs and their investing membranes; sometimes the brain is attacked. However, in these essential fevers we are apt to rely too much on *post-mortem* appearances, which are not always conclusive as to the previous state of the organs, and much less of the constitution. The urine always contains a large amount of albumen, and not unfrequently blood; dropsies of this character have by some writers been allied to hæmorrhages, more particularly by Chapman and Graves. The congested and inflamed kidney is supposed to relieve itself by a scanty secretion of urine, highly impregnated with serum and even globules of blood. This is a state we every day see in wounds and inflamed glands, the lining membrane of the bowels effusing, instead of simple mucus, in dysentery, a serous fluid mixed with blood; so also in salivation the same phenomenon is observed; often we have seen a wound one day progressing finely, but the next day pouring out a sanious pus or bloody serum.

That this disease is, however, unlike ischuria renalis, is quite evident from the fact, that those suffering true inflammation of the kidneys die from coma, or if the urine is suppressed from any other cause, the brain being poisoned by urea; but coma does not here result, except from *effusion* into the brain. We know that serum is poured out into the cavities at an extremely early stage, before that requisite for the formation of pus; now why may not the cellular membrane be thus affected with low inflammation, especially as it possesses little sensibility, and this, still less, from its distensibility? The coagulable quality of this urine is also present in that of all inflammatory dropsies. The cases requiring tonics are

true cases of debility, and arise from the heart being unable to perform vigorously its proper function. In such there is little effusion of albumen, or blood into the urine.

Inflammatory action of the serous membranes is very frequently present, known by its usual signs; this condition illustrates very forcibly what has been before stated respecting the tendency there is, on the decline of the disease, to put on a more active character, and one where copious bleeding is not unfrequently well borne. I will state here, that bleeding is of great value in the treatment of dropsy, even in cases not apparently standing in need of it, for by unloading the vessels in debilitated subjects, giving at the same time iron or quinine, we shall often find the veins rapidly fill, by absorption of the effusion. It will be found extremely valuable where the pleura is full, with great oppression of the chest, small and rapid pulse, as it diminishes the amount of blood circulating in the lungs, and quickly removes the load pressing them down towards the spine. Leeches have been advised to be placed over the kidneys; I have not used them, but think they would be just as efficient if placed over any part of the body, especially if there was pain in it. Purging by jalap and crem. tart. is perhaps the next most valuable agent, and may often supersede the necessity of venesection; Elliotson thinks it, as a general thing, better. Diuretics, after the preliminary steps, will be found highly useful, particularly the following mixture, which in any case that a diuretic action simply is wanted, will be found superior to any other. R. Infus. digit., ʒ viij.; tart. acid., ʒ iij.; carb. sodæ, ʒ ij.; tinct. scill., ʒ j.; d. sp. nit., ʒ j.; ol. menth., gtt. v. Dose, a table-spoonful three times a-day. These means, judiciously applied, will be found successful almost always. Underwood speaks of cases cured by tonics, but such must be few in number and laboring under some peculiar state of system or epidemic influence. Burserius says that most of the cases treated in 1717 by diuretics died, and that *post-mortem* examinations showed intense visceral inflammations, particularly of the kidneys. Diuretics would have answered perfectly had they been preceded by a proper depleting treatment.

Warm bathing is too much neglected towards the close of the disease, to promote a healthy action of the skin and facilitate desquamation.

In seasons of the year when rheumatism is prevailing, scarlatina is a little more apt to be followed by it. Colchicum here will be found one of our most valuable medicines; the warm bath also deserves praise. It appears that colchicum might even be found serviceable in the dropsy of scarlatina, at least judging from its effects on a poor Irish woman who had the most extensive anasarca, following exposure, which ever came under my observation. She took the wine of colchicum in her own doses, not mine, and came near killing herself by puking and purging, but was rapidly and completely cured of her dropsy.

The convalescence from scarlet fever is frequently slow, the pulse for a long time maintaining a state of great frequency and irritability, the urine remaining scanty and high colored. Such are sometimes followed by a re-appearance of the tonsillar swelling, and that of the glands of the neck, and a strong tendency to suppuration shows itself. One phy-

sician told me that at this period the eruption again made its appearance and ran a regular course, and that the case was seen by other practitioners. I think there can be no mistake respecting the matter, from the character of the person who gave me the information. Cases of secondary fever will not generally be benefited by wine, bark or rich food, but do better from purging with calomel and colchicum, and the use of the warm or tepid bath. Chapman considers tepid bathing and sponging as the most efficient means of relieving the dry, husky state of the skin following scarlet fever, and as one of the most effectual agents in preventing the formation of abscesses in the joints, hydrops, rheumatism, enlargement of the parotids, the various enteric and pulmonary difficulties which follow this disease, and which are in themselves as much to be dreaded as the fever itself. The iod. potass. will be found very useful in some of these secondary difficulties, particularly when rheumatism and enlargement of the glands remain permanent.

Laryngitis sometimes comes on early, but at other times not until after desquamation. It is one of the worst symptoms possible, is dangerous in proportion to the slowness with which it develops itself after irritation of the larynx has been perceived, and is generally fatal. The French pathologists suppose it to be a diphtheritic inflammation, extending from above downwards. I do not understand this as indicating anything more than a descent of the disease of the fauces into the larynx, accompanied by effusion of lymph, which usually attends all inflammations of this part in children. It is truly wonderful this does not occur more frequently. Mr. Ferrall, of Dublin, gives the *post-mortem* appearances of a child, where a true croupy membrane extended far into the lungs, effectually preventing all hope of success from an operation; this, however, is not probably the general appearance, for Chapman says he has often seen it, and uniformly found the lymph restricted to the larynx and sometimes here in patches. A patient of mine died, as stated above, notwithstanding the best advice of our city associated with me. The treatment mostly relied upon was, calomel in small and frequent doses, emetics and the application of a very strong solution of lunar caustic. There was in this case the same difficulty of producing emesis which attends ordinary croup. If a similar case should again present itself, I should endeavor to meet its earliest appearance with plenty of leeches to the throat, and by the insufflation of powdered nitrate of silver or burnt alum. The brush or gargle are entirely insufficient. Early tracheotomy would allow a better application of remedies locally. This I verily believe justifiable, as recovery from this disease, under these circumstances, must be extremely rare under the ordinary treatment. One case was operated on in the State of New York (by Delamater, I believe) with success. I should advise it here earlier than in common croup, indeed as soon as it was found that the first treatment was useless, for so deadly a complication demands energetic and sometimes the boldest practice.

Mr. Ferrall, of Dublin, has mentioned several cases where there was some injury inflicted about the upper part of the spine, causing for a time obliquity of the head, or inability of rotating or raising it up. It

was caused probably by the disease of the throat extending to the muscles seated behind, and in contact with it, particularly as the superior constrictor of the fauces was involved, producing great difficulty of deglutition. It is not improbable that the joints of the upper vertebræ of the neck were also diseased, as are sometimes joints in distant parts of the body. Difficulty of swallowing, not proportioned to the pain, is the principal diagnostic of its approach. Calomel and opium, given constitutionally, cured Mr. F.'s cases speedily, after the free application of leeches. Contraction of the tendons I have never seen, but should consider it allied to the rheumatic form, and treat it accordingly.

As to the property said to be possessed by belladonna of preventing the contagion of scarlatina, little confidence is to be put in it; for, as a general thing, according to my observation, the disease does not show a tendency to spread in families, while in some epidemics, where freely used, it has proved utterly worthless. It was tried in Springfield, by Dr. Frost and others; and their opinion was that it had no preservative influence, as the disease attacked those taking it as well as others. Similar instances have fallen under my observation. As Hahnemann thinks one of his globules is capable of preventing it equally with a proper dose, we need not stop long to experiment upon it. He condemns it by his praises.

P. W. Ellsworth.

CONTAGIOUSNESS OF PUERPERAL FEVER.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The remarks of Dr. Harris in relation to the question of contagion in puerperal fever, contained in your Journal of the 22d of October, remind me of an *endemic* puerperal fever that prevailed in the south-west part of this State some twenty-five years ago. It was characterized by one very remarkable circumstance. The subjects of its attack were *exclusively* those who were confined with their *first* children —while not a single *authenticated* instance came to my knowledge of an attack of any woman who had borne children before. Pawlet, the south-west town of Rutland County, seemed to be nearly the centre of the *endemic* district, which might have been forty miles in diameter. I resided there at the time, and think I learnt that cases occurred in every direction *from* that point, at distances varying from 10 to 20 miles. A senior partner and myself had *seven* cases, occurring within *nine* weeks, comprising *all* the cases of *first* labors we had in the time; while within the same time we attended from 10 to 20 labors, where the women had borne children before, *none* of which had puerperal or any other form of fever. It was said at the time, among others, by the late Professor Woodward, of Castleton, that no instance of a *first labor* occurred within the limits of the so-called endemic, and which lasted from 10 to 12 weeks, in which the mother escaped the fever. They all died but *two* —one of whom was Dr. Woodward's patient, and the other was mine.

I am sorry to confess that I made no *record* at the time, nor since, by

which I can *assure* myself, or others, of many things that might be deemed important, on a subject so interesting. I am not positive, even, in regard to the *years*, as I left my account books in Pawlet in 1823, and have not seen them since. It was probably about the first of Nov., 1820 or 21, that it commenced, and lasted from *ten* to *twelve* weeks. I looked in vain, for a few subsequent years, in the medical journals, from time to time, thinking I should see a notice of it from Prof. Woodward or somebody else, excusing myself from the duty on the ground that others, who had a better knowledge of the facts, were better qualified to communicate them. That it *was* puerperal fever, there can be no question; but I am unable, at this late hour, to say more of it, than that it was "sthenic" in its character. It made its onset from the second to the third day from the confinement, and terminated, generally, on the sixth. Bloodletting was *unpopular*—and, indeed, the physicians were generally opposed to it—as I think, very unreasonably. I had *one* recovery, and in that case I let *ninety-six* ounces of blood within the first *four* days from the attack, at *seven* bleedings. Of this item I accidentally found a *record*. I recollect that cathartics of calomel, sulph. mag., &c., and blisters over the entire abdominal surface, were resorted to in that case. Prof. Woodward told me, I think, that in his *single case* of recovery, he also bled, purged and blistered freely. You will notice that these *two* cases were the only recoveries known or heard of by Dr. W. or myself. It was said, at the time, that about *forty* cases had occurred. There might have been more, or less. I recollect well the sharp and anxious expression of countenance; the small, hard, and very *frequent* (130 to 150) *pulse*; the *tumid* and *tender abdomen*; and that the lochial discharges were generally, perhaps entirely, deficient. But no *post-mortem* examinations were *suffered*, among my patients, and I heard of none among others. The excessive *distention* (or *enlargement?*) of the abdomen may be illustrated by the circumstance, that, on entering the chamber of *one* of my patients (the one that ultimately recovered) I was so struck by the appearance of the *bed*, that I at first supposed my patient, for some strange purpose or other, had interposed, between her abdomen and the counterpane, an enormous roll of wadding.

But to the question of contagion. There was, as probably there always will be, in like circumstances, a prevalent opinion among the people, *first*, that the deaths occurred from want of *skill* in the accouchment; and *next*, that contagion was conveyed, in the clothes or on the hands of the accoucheur. I have no reason to suppose that erysipelas, or anything of that sort, existed at the time, and believe the fact that so *many cases* occurring in so many *different hands*, about the same time, proves that we may reasonably conclude *contagion* out of the question in those cases. One circumstance is worth remembering. A young gentleman (now Prof. Perkins, of Castleton) an *advanced* medical student, accompanied his preceptor, who was visiting one of my patients in consultation. While they were there, I was requested to visit an unfortunate pauper girl in a *first labor*. It occurred to me at once that I might test a principle, and, at the same time, do the young gentleman a kindness by giving him the case—for he had never attended *any* woman in

labor. He went accordingly; and I well remember the prediction of a "Wiseacre" at the time—"you will see, *that* case will do well enough." Her labor was natural and easy, and terminated, in the judgment of Mr. Perkins, favorably. She went, however, the way of all the rest, and died on the sixth day. I should say of this case, that in obedience to public opinion, which, in regard to this *pauper*, claimed to be *authoritative*, she was suffered to die—if without the *benefit*, certainly, also, without the *risks* of medication—and that soulless embodiment of wisdom, public sentiment, "took the responsibility." Whether it be important, I don't know—but I think the children, in these cases, all survived. Professor Perkins probably resided in Castleton at the time, and very likely has resided there ever since. He *may*, and probably does know more of that *affair* than I do. I think, however, nothing has ever been published on the subject. If so, it should now be done, while the matter may be enlightened by living witnesses; or—I should be arraigned at once (for perpetrating a paroxysm of preposterous poetry.)

Now—I take it for granted, after the *little snug showing up* you gave me in the Journal, about that "fracture bed" (how dare you violate the privacy of a confidential correspondence?) you will wonder at my temerity in so soon exposing myself again to your———scissors! Very well. Make some inquiries, if you please, of *whom*, and in such fashion as you deem appropriate. Yours respectfully,

St. Albans, Vt., Oct. 27, 1845. J. L. Chandler.

FOREIGN BODY IN THE CAVITY OF THE OS MALÆ.

By N. Williams, M.D., Phœnix, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

In Nov. 1838, Mr. L. Gilson, of Hastings, while engaged with a buzz saw in manufacturing barrel staves, was accidentally and somewhat seriously injured, in the following manner. His little son, who was in the mill with his father, while at play, happened to thrust a stave against the saw, which was moving with such force as to wrest it from the hands of the boy, and precipitate it with much violence directly into the face of the father who stood upon the opposite side of the machine. The attendance of a surgeon being considered necessary, and as I was myself absent from home at the time, a neighboring physician was employed. The integuments of the cheek were considerably lacerated, although no serious injury to any of the bones of the face was discovered, at the time, by the attending physician. The consequence was, the ragged edges of the integuments were adjusted as well as they conveniently could be, and sutures, together with adhesive straps, employed to retain them in their proper position. The wound, I believe, healed kindly, with the exception of the centre of it, which instead of healing resolved itself into a fistulous opening, from which a small quantity of purulent matter continued to escape. In this condition of the case, I was consulted in the

month of January, it being about two months from the occurrence of the accident. But not having the necessary instruments with me at the time, I could not make a very critical examination of the case, but suggested, that there might be a fragment of bone in the cavity of the os malæ, which gave rise to the discharge, and which the efforts of nature would be sufficient in a short time to remove. In the month of March I was again consulted, and on introducing a probe, soon found that what I had mistaken for a portion of the malar bone, was no less than a fragment of *wood* of no inconsiderable dimensions. Cutting through the integuments, the outward extremity of the body was at once brought to view, and to which a pair of forceps were applied, by which I effected its removal, much to my own surprise and to the inexpressible joy of the subject of the operation. At the time of the injury, it had been forced through the anterior wall of the os malæ in a backward direction and parallel with the plane of the orbit of the eye, leaving the outward extremity in possession of the perforation occasioned by its entrance into the above-mentioned bone. Its measurement was two inches in length, half an inch thick, and five eighths of an inch in width. The injury subsequently healed rapidly, and soon became wholly restored. It may be proper to add, that the instrument by which the injury in this case was occasioned, was a *rough hemlock stave*, and that the fragment imbedded in the os malæ had remained there about *five months*. The most remarkable features in this case seem to be, that no particular constitutional or intense local excitement was produced, and that a physician could be found in the State of New York so inexcusably *ignorant* as to perpetrate so serious a professional mistake upon a suffering fellow being.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 26, 1845.

Dr. Channing's Discourse.—Last week we commenced the publication in the Journal of Professor Channing's lecture before the medical class at the opening of the present lecture season in Mason-street College. Dr. Channing is distinguished, in this community, for active benevolence in every work and cause which promises to better the moral or physical state of mankind; and those who know him most intimately in his professional character, will bear testimony to his enlarged views, kindness to those who seek his advice, and uniform interest in the progress of medical science as well as medical charity. He is a man of a happy disposition, and is disposed to have all the world in the same comfortable condition.

But our special object was to direct the reader to Dr. Channing's published discourse, since no comments or selected portions would prove so satisfactory as the whole address. He certainly exhibits modern professional life precisely as it exists, and which no common hand could depict so graphically. Such a life is full of ups and downs—with more downs than ups—yet it is a noble service. There are sleepless nights, unrequit-

ed merits, a starving income, and envious competitors to contend with; but a man who honestly and resolutely determines to rise above the storms that embarrass the commencement of a physician's voyage of life, seldom fails to accomplish so honorable a purpose. What distinguished individuals there have been and still are, who have raised themselves from obscurity to a deathless fame—and what numbers may do the same in all coming generations—by simply and fearlessly breasting the tide of opposition which often sets strongly against them in early life.—But to continue these observations would be encroaching on ground in the occupancy of Dr. Channing, and we therefore urge the perusal of his instructive introductory upon all students and practitioners of all ages, both on the score of its pertinency and its truth. It is to be published in a pamphlet form, we understand, after its completion in the Journal.

Acton on the Venereal Disease.—Since noticing the re-publication of this work, its pages have been examined sufficiently to warrant a paragraph decidedly in its praise. Perhaps there is no one disease with which practitioners, in cities, are more familiar than with syphilis, in all the forms in which it is ever recognized; and yet there are singular discrepancies in treatment. It is not presumed that there can be any uniformity in prescriptions or specific remedies, where both symptoms and appearances are as various as possible in different individuals. One point, however, all can agree in, and that is, that it is best to understand, as far as practicable, the laws of this strangely destructive malady—the accompaniment of vice, and the penalty of infractions of the moral code.

The treatise by Mr. Acton commences with a history of the venereal disease, embracing a history also of the theories entertained of its nature and origin. Part I. takes up the consideration of blennorrhagia—first, in the male, with minute details on gonorrhœa, epididymitis, strictures, affections of the prostate gland, false passages, disease of Cowper's glands, infiltration of urine and fistulous openings. Then follows blennorrhagia in the female, and the forms common to both sexes; the blennorrhagic ophthalmia; of the anus, of the mouth, nose and ears; vegetations, herpes, præputialis; eczema and excoriations.

Part II. has a great variety of primary symptoms, signs and characters of syphilis. Chancre and bubo occupy two entire sections, and leave nothing to be desired further, by the reader. Secondary symptoms, affections of the skin, of the mucous membrane and syphilitic affections of the eye, have been well considered by the author; and affections of the testicle, tertiary symptoms, and syphilis in children, bring the volume to a close. At proper intervals the text is beautifully illustrated by engravings, so true to nature that it would be difficult to produce anything of the kind to supersede them in graphic correctness. The volume recommends itself to the profession, and we trust its real merits will be properly appreciated. Mr. J. S. Redfield, of New York, who has furnished several excellent editions of standard professional authorities, is the publisher. Copies are to be had at Ticknor & Co.'s, Washington street.

Improved Dentistry.—Dr. W. T. G. Morton, an ingenious dentist in Tremont Row, in this city, has recently executed some extraordinary

specimens of dental ingenuity, which make it a difficult question to decide which *looks* the best—nature's work or his! Within the year this same gentleman has constructed an artificial palate for an unfortunate female, that produced a sensation among those who are solicitous for the progress of those arts which immediately promote the physical comfort of our race. It is because we are proud of every achievement in dental surgery, and operative dentistry, for which the age is unquestionably distinguished, that a special notice is taken of these beautiful specimens of the handy work of Dr. Morton.

The Naturalist.—About five miles from Nashville, Tenn., Franklin College, a well-conducted and prosperous institution, is located. The faculty propose publishing a periodical, to be called *The Naturalist*, of 48 pages, monthly, which will embrace certain distinct departments of science, under the special direction of a competent individual. Natural History is to be appropriated to Prof. I. N. Loomis, and will embrace geology, mineralogy, zoology, entomology, botany and agricultural chemistry. Horticulture and agriculture fall to President Fanning. Another division embraces education, and the whole circle of human knowledge may be embraced; even literature has its distinct editor.

There is but one apparent drawback in regard to the prospects of a Journal of such promising value—which is, there are too many editors. It has been the experience of all who have ever had an interest in similar enterprises, that it is just as impossible for several editors to conduct a periodical as for several men to be in command of a ship in a storm.

Preservation of Health.—Within a short time, a new work will be published in this city by Messrs. Ticknor & Co., on the Preservation of Health, by a professional gentleman of eminence, and of acknowledged qualifications for explaining the laws of life. Whenever it is in readiness for the public, an analysis of its leading propositions will be given in the Journal.

Berkshire Medical Institution.—The commencement exercises of the Berkshire Medical Institution, on Wednesday, Nov. 12th, were attended by a large and intelligent audience. The Anniversary Discourse was delivered by the Rev. Dr. Alden, of Williams College. The Address before the Berkshire Medical Association, by Dr. Bulkley, of Williamstown, on the "Manners and Morals of Medical Men," was listened to with much interest and commanded universal admiration. The Degree of M.D. was conferred on the gentlemen of the graduating class, 35 in number, with a short and appropriate address by the President, Prof. Childs. The Honorary Degree of Doctor of Medicine was also conferred on Dr. John H. Haynes, of New York; Dr. Joseph W. Hatch, of Massachusetts; Dr. Silas P. Wright, of Massachusetts; Dr. John P. Benham, of New York.

Medical Miscellany.—Mr. Andrew Snyder recently died at Lancaster Co., Penn., at the great age of 112; and Miss Courtney Brough, at

Hampton, Va., at the age of 104.—A boy of 13 died at Baltimore, of lockjaw, caused by running a rusty nail into his foot.—There are about 300 students at the Medical Institute, Louisville, Ky. All other schools heard from, have thus far matriculated very large classes.—Yellow fever had made its appearance on board a vessel at Malta, which will be likely to produce considerable commotion at that closely-qaurantined port.—Charles Freeman, the American giant, a description of whom was published in the Journal on his arrival in Boston, died at Winchester Hospital, England, on the 25th of Sept., of consumption, having wasted almost to a skeleton before death.—Dr. James Holland, at Greenfield, was lately thrown from his carriage, and so badly injured that fears were entertained for his recovery.—The public health in India, especially the British possessions, is unusually good, with the exception of some sickness at Sukkur.—A pension of £200 per annum has been granted in England to Mr. James D. Forbes, Professor of Natural Philosophy in the University of Edinburgh.—The announcement of the resignation of Dr. Parkman at Castleton Medical College, was premature, as he will continue his connection with the institution for the present.—There was a class of 142 students at the last term of the Berkshire Medical Institution. A list of the graduates has been published.—Dr. Poullain, of Greensboro', Georgia, has lost $60,000 by the conflagration of a factory.—On removing a coffin at Apalachicola, it was discovered that the body was face downwards, and that the lining of the coffin was torn as far as the hands could reach—showing that the person had undoubtedly been buried alive.—Dr. Patterson, of Rome, Geo., convicted of robbing the mail in two cases, has been sentenced to the penitentiary for 30 years.—Dr. Baker, of Georgia, is a candidate for Congress.—The third volume of Hahnemann's Chronic Diseases, translated by C. J. Hemphill, M.D., of New York, is published in that city.

To Correspondents.—Dr. E. Warren's paper on Inflammation of the Uterus, Dr. Deane's on the Treatment of Hydrocele, Dr. Hubbard's on Gangrene of the Lung, and Dr. Holt's Reply to "A Looker On," have been received, and will be published as soon as the communications previously acknowledged have been disposed of.

Married,—At Rochester, N. Y., James Hubbell, M.D., to Miss G. H. Hopkin.—At New Market, N. H., H. R. G. English, M.D., of Springfield, Mass., to Miss M. P. Wiggen.—Dr. J. J. Kittredge, of Chelmsford, Mass., to Miss U. H. Hall.—In New York, Dr. Mark F. Halley to Miss Maria Fiske.

Died.—At Berlin, Vt., Dr. Thomas W. Bailey, 34, of pulmonary consumption.—At Waterville, N. Y., Dr. James L. Palmer, 74, formerly of Windham, Conn.—At Ellisburg, N. Y., Dr. Eli Davis, 41, formerly of Sutton, Mass.—At Nashville, Tenn., Dr. Peyton, member elect of Congress.—In Brighton, England, Nov. 28, Sir Matthew Tierney, 69. He was the physician of William IV., and a great favorite of George IV.

Number of deaths in Boston, for the week ending Nov. 23, 44.—Males 23, females 21. Stillborn, 8.
Of consumption, 8—lung fever, 1—apoplexy, 2—dropsy on the brain, 4—dropsy, 1—old age, 3—jaundice, 2—debility, 1—infantile, 1—smallpox, 3—croup, 3—disease of the kidney, 1—inflammation of the bowels, 1—scarlet fever, 2—teething, 1—throat distemper, 1—inflammation of the lungs, 1—hooping cough, 1—typhus fever, 4—canker, 1—convulsions, 2—marasmus, 1—scald, 1—unknown, 1.
Under 5 years, 18—between 5 and 20 years, 3—between 20 and 60 years, 17—over 60 years, 7.

Castration, when two years old, in a man now quite aged.—In the Hotel of the Invalides is a man aged 71 years, who was castrated at Sens when two years old, by a villainous quack, to cure him of hernia. This mutilated person is of small stature, his extremities are slender, his bones feeble, his voice sharp, and his chin without beard. He does not detest women, but when near them has only fugitive desires, and his enjoyment in coition has always been scarce appreciable. His penis, like all organs which do not perform their functions, is atrophied, and the prepuce is much longer than the gland. In this stunted body, which has evidently been arrested in its development, there has nevertheless been energy and courage. This individual, though exempt from military service, joined the army—he was in the wars of the French Empire, and the scars which he bears are authentic certificates of his ardor in battle, and of his bravery. At present, one is struck in passing his bed, with all the traits of an old woman. Notwithstanding his advanced age, his memory is good; he relates, with precision, the events in which he assisted, and his language is expressive of much goodness of heart. Everything about him breathes the air of sadness, and the impress of a vague melancholy; a regret attaches to each step of his life, and which has its origin in the dreadful mutilation to which he was made to submit in childhood.—*Journal des Connaissances—Southern Med. and Surg. Journal.*

Poison by Tartaric Acid.—It has been questioned if this acid be a poison. Pommer and M. Orfila are for the affirmative; Coindet and Christison for the negative. The following fact strengthens the opinion of the two first named:—Wm. Wats, being affected with rheumatism, applied, the 7th Dec., 1844, to Charles Watkins, druggist, to purchase two ounces of Epsom Salts. Before leaving, the thought suddenly struck him of changing it for another salt less bitter. This was granted to him, and having returned home and dissolved the new article given him, he swallowed it. His face, some moments after this, became red. He cried out he was poisoned, and then ceased to speak. Other symptoms were developed, and Mr. Wats died on the 16th. Mr. Brood, charged with the examination of what remained in the glass from which he had drank, recognized tartaric acid. The apothecary, Mr. Watkins, confessed his error, and attributed it to the change which some one had made of the bottle of the acid, for that commonly occupied by an insipid salt.—*Pharmaceutical Journal—Ibid.*

Phosphorus Paste for the destruction of Rats and Mice. By M. Simon.—The following is the formula for this paste, as published in the Berliner Medicinische Zeitung:—

Take of phosphorus 8 parts, liquify it in 180 parts of lukewarm water, pour the whole into a mortar, and add immediately 180 parts of rye meal; when cold, mix in 180 parts of butter melted, and 125 parts of sugar.

If the phosphorus is in a finely divided state, the ingredients may be all mixed at once, without melting them.

This mixture will retain its efficacy for many years, for the phosphorus is preserved by the butter, and only becomes oxydized on the surface.

Rats and mice eat this mixture with avidity; after which they swell out, and soon die.—*Journal de Chim. Médicale.*